

Name of Foster Parents(s): Sherille & Richard Singson

Date of Inspection: 08/06/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

| <b>SECTION</b>  | <b>PLAN CORRECTION</b><br><b>(To be completed by the caregiver)</b>  | <b>Completion Date</b> |
|---|--|------------------------|
| §11-148-16 <b>RECORD:</b><br>(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate. | <b>(1) The certified caregiver shall submit caregiver notes to the Certification Unit by 9/3/20.</b>           | 9/4/20                 |
| (b)(2)(C)(3) During residence, foster adult record includes entries describing treatments and services rendered.  | <b>(2) The certified caregiver shall submit medical and dental visits to the Certification Unit by 9/3/20.</b> | 9/4/20                 |

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| <p>(b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>   | <p><b>(3) The certified caregiver shall submit an MD order with the date of the doctor visit to the Certification Unit by 9/3/20.</b></p>  | 9/4/20                      |
|   | <p><b>(4) The certified caregiver shall submit an MD order to discontinue the medication and submit it to the Certification Unit by 9/3/20.</b></p>  | 9/4/20                      |
|   | <p><b>(5) The certified caregiver shall submit an MD order for medication administration twice a day to the Certification Unit by 9/3/20.</b></p>  | 9/4/20                      |
|   | <p><b>(6) The certified caregiver shall submit an MD order for Lorsartan 25mg to the Certification Unit by 9/3/20.</b></p>   | 9/4/20                      |
|   | <p><b>(7) The certified caregiver shall submit a MD order for the medication to the Certification Unit by 9/3/20.</b></p>  | 9/4/20                      |
|   | <p><b>(8) The certified caregiver shall submit an MD order to discontinue the medication and submit it to the Certification Unit by 9/3/20.</b></p>  | 9/4/20                      |
| <p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p> | <p><b>Effective immediately the certified caregiver shall always have a current diet order on file. (9) The certified caregiver shall submit a current diet order for the identified foster adult and submit it to the Certification Unit by 9/3/20.</b></p> <p><b>(10) The certified caregiver shall submit a MAR with the route to the Certification Unit by 9/3/20.</b></p> | <p>9/4/20</p> <p>9/4/20</p> |

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|---|--|------------------------|
| (b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD.                                     | <b>(11) The certified caregiver shall keep a record of the foster adult's weight and submit it to the Certification Unit by 9/3/20.</b>  | 9/4/20                 |
| (b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.   | <b>(12) Effective immediately the certified caregiver shall keep a record of all visits made to or by the foster adult in the chart.</b>   | 9/4/20                 |
| §11-148-20 <b><u>MEMBER OF FOSTER FAMILY:</u></b><br>(b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department. | <b>(13) Effective immediately the certified caregiver shall notify and obtain prior approval from the Certification Unit before anyone moves into the Adult Foster Home.</b>               | 8/6/20                 |
| §11-148-22 <b><u>EMERGENCIES:</u></b><br>(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.   | <b>(14) The certified caregiver shall submit a self-preservation statement to the Certification Unit for verification by 9/3/20.</b>   | 9/4/20                 |
| §11-148-28 <b><u>RESIDENT'S ACCOUNTS:</u></b><br>(d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.          | <b>(15) The certified caregiver shall submit a copy of the allowance and submit it to the Certification Unit by 9/3/20.</b><br><br>Reminder: Receipts to be kept in foster adult's record. | 9/4/20                 |

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| (d) Record contains a current inventory of possessions.  | <b>(16) The certified caregiver shall submit a copy of the updated inventory record to the Certification Unit by September 3, 2020.</b>             | 9/4/20                 |
| §11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b><br>(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department. | The Department of Health shall determine of the identified individual poses a risk to the foster adults.  | 8/16/20                |
| (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.   | The Department of Health to determine if the criminal history of the caregiver and substitute caregivers poses a risk to the foster adults in care. | 8/3/20                 |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.   | APS/CAN request and results are pending.  | 7/29/20 & 8/4/20       |
| §11-148-37 <b><u>HEALTH OF FOSTER FAMILY:</u></b><br>(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.  | TB clearance is pending for a household member.   | 9/4/20                 |
|  |   |                        |